6 – 7 – 06

EXPRESS MAIL NO. EV529788248US

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/634,874
Filing Date	August 6, 2003
First Named Inventor	Babak Habibi
Art Unit	3661
Examiner Name	McDieunel Marc
Attorney Docket No.	170154.401C1

ENCLOSURES (*check all that apply*)

☒ Fee Transmittal Form	
☒ Fee Attached	
☒ Amendment/Response	
☐ After Final	
☐ Affidavits/declaration(s)	
☐ Extension of Time Request	
☐ Express Abandonment Request	
☐ Information Disclosure Statement and Transmittal	
☐ Cited References	
☐ Certified Copy of Priority Document(s)	
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53	
☐ Response to Missing Parts/Incomplete Application	

- ☐ Drawing(s)
- ☐ Request for Corrected Filing Receipt
- ☐ Licensing-related Papers
- ☒ Petition
- ☐ Petition to Convert to a Provisional Application
- ☒ Power of Attorney, Revocation, Change of Correspondence Address
- ☐ Declaration
- ☒ Statement under 37 CFR 3.73(b)
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
  - ☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC *(Appeal Notice, Brief, Reply Brief)*
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Return Receipt Postcard
- ☐ Other Enclosure(s) (*please identify below*):

_____
_____
_____
_____

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number 00500
Signature		
Printed Name	Frank Abramonte	
Date	June 7, 2006	Reg. No. 38,066
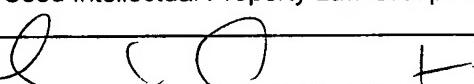
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name		Date:

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
792101_1

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL
For FY 2006

JUN 0 7 2006

	Complete if Known	
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Attorney Docket No.	170154.401C1
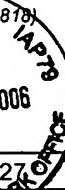
☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($)**750**

METHOD OF PAYMENT (check all that apply)

☒ **Check**   ☐ Credit Card   ☐ Money Order   ☐ Other (please identify): _____

☒ **Deposit Account**   Deposit Account Number: <u>19-1090</u>   Deposit Account Name: <u>Seed IP Law Group PLLC</u>

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments   ☒ Charge any underpayments or credit any overpayments
   of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims Fee ($)	Multiple Dependent Claims Fee Paid ($)
_____ -20 or HP =	_____ X	_____ =	_____	_____	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ -3 or HP =	_____ X	_____ =	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ -100 =	_____ /50 =	_____ (round up to a whole number)	x _____	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Fee for Petition to Revive under 37 CFR 1.137(b)</u>	<u>750</u>
	_____
	_____

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent) 38,066	Telephone	206-622-4900
Name (Print/Type)	**Frank Abramonte**		Date	June 7, 2006
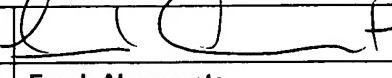
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